

# L07000110256

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2010 NOV 23 AM 11:11  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

C. LEWIS  
NOV 24 2010  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lucky Paws Pet Sitting LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marie Lombardi  
Name of Person

Lucky Paws Pet Sitting, LLC  
Firm/Company

6413 Lake Joanna Cr.  
Address

Panama City FL 32404  
City/State and Zip Code

pcpetsitter@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie Lombardi at ( 850 ) 319-6748  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Lucky Paws Pet Sitting, LLC  
2. (a) Principal office address of limited liability company: 6413 Lake Joanna Cr.  
Panama City FL 32404  
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: PO Box 16326  
Panama City FL 32406  
(Note: **MAY BE POST OFFICE BOX**)

10-30-07  
3. Date of filing/registration in Florida

LO7000110256  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State

Registered Agent:

Marie L. Lombardi

Registered Office Address:

400 Augusta Rd  
Apt 412  
Panama City Bch FL 32402

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

6413 Lake Joanna Cr  
Panama City FL 32404

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Marie L. Lombardi  
Signature of a member or authorized representative of a member

Marie L. Lombardi  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Marie L. Lombardi  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00